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CERTIFICATE OF FACSIMILE TRANSMISSION	APPLICATION NO.	10/788,656	
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.	FILING DATE	02/27/2004	
Sandra Genua	FIRST NAMED INVENTOR	Chen, et al.	
Typed/Printed Name	ART UNIT	2652	
Signature/	CONFIRMATION NO.	7261	
03-17-2006	EXAMINER	To be Assigned	
Date	ATTORNEY DOCKET NO.	R1897	
TITLE GMR SENSOR WITH SHALLOV WITH FREE SENSOR LAYERS	GMR SENSOR WITH SHALLOW CONTIGUOUS JUNCTION AND BIAS LAYERS ALIGNED WITH FREE SENSOR LAYERS		

ATTACHED WITH THIS SUBMISSION:

- 1. Transmittal FAX Cover Sheet (this sheet)
- Authorization to Act in a Representative Capacity Form PTO/SB/84 (1 page)

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AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Applic	cation of: Chen, et al.				
Application No. 10/788,656					
Filed: 02	d: 02/27/2004				
Title: G W	MR SENSOR WITH SHALLOW CONTIGUITH FREE SENSOR LAYERS	JOUS JUNCTIC	ON AND BIAS LAYERS ALIGNED		
Attorney D	ocket No. R1897	Art Unit: 2652			
The practitioner named below is authorized to conduct Interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:					
	Name		Registration Number		
Jany	vce R. Mitchell		40,095		
This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.					
SIGNATURE of Practitioner of Record					
Signature	had Chi		Date 17MAROG		
Name	Joshua C. Harrison, Esq.		Registration No., if applicable 45,686		
Telephone	(949) 672-6119				
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